
Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: *Regular*

Subject Matter:: *Utility*

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: *None*

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form
(CRF)?:: *No*

Number of copies of CRF::

Title :: *ROTARY DAMPER AND METHOD
FOR MANUFACTURING ROTARY
DAMPER*

Attorney Docket Number:: *943.1025*

Request for Early Publication?: *No*

Request for Non-Publication?: *No*

Suggested Drawing Figure::

Total Drawing Sheets:: *7*

Small Entity?: *No*

Latin name::

Variety denomination name::

Petition included?: *No*

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: *No*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship *Japan*
Country::
Status:: *Full Capacity*

Given Name:: *Hidenori*
Middle Name::
Family Name:: *Kanno*
Name Suffix::
City of Residence:: *Sumida-ku*
State or Province of *Tokyo*
Residence::
Country of Residence:: *Japan*
Street of mailing address:: *c/o Kabushiki Kaisha Somic*
Ishikawa
34-6, Honjo 1-chome
City of mailing address:: *Sumida-ku*
State or Province of *Tokyo*
mailing address::
Country of mailing *Japan*
address::
Postal or Zip Code of *1300004*
mailing address::

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship *Japan*
Country::
Status:: *Full Capacity*

Given Name:: *Ryota*
Middle Name::
Family Name:: *Shimura*
Name Suffix::

City of Residence:: *Sumida-ku*
State or Province of *Tokyo*
Residence::
Country of Residence:: *Japan*
Street of mailing address:: *c/o Kabushiki Kaisha Somic*
Ishikawa
34-6, Honjo 1-chome
City of mailing address:: *Sumida-ku*
State or Province of *Tokyo*
mailing address::
Country of mailing *Japan*
address::
Postal or Zip Code of *1300004*
mailing address::

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship *Japan*
Country::
Status:: *Full Capacity*

Given Name:: *Masanori*
Middle Name::
Family Name:: *Itagaki*
Name Suffix::
City of Residence:: *Sumida-ku*
State or Province of *Tokyo*
Residence::
Country of Residence:: *Japan*
Street of mailing address:: *c/o Kabushiki Kaisha Somic*
Ishikawa
34-6, Honjo 1-chome
City of mailing address:: *Sumida-ku*
State or Province of *Tokyo*
mailing address::
Country of mailing *Japan*
address::
Postal or Zip Code of *1300004*
mailing address::

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Yoshihiko*

Middle Name::

Family Name:: *Nagashima*

Name Suffix::

City of Residence:: *Sumida-ku*

State or Province of *Tokyo*

Residence::

Country of Residence:: *Japan*

Street of mailing address:: *c/o Kabushiki Kaisha Somic*
Ishikawa
34-6, Honjo 1-chome

City of mailing address:: *Sumida-ku*

State or Province of *Tokyo*

mailing address::

Country of mailing *Japan*

address::

Postal or Zip Code of *1300004*

mailing address::

Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: *pto@steinberggraskin.com*

Representative Information

| | | |
|-------------------------------------|-------|--|
| Representative Customer Number:: | 21831 | |
|-------------------------------------|-------|--|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-------------------------|--------------------------|-----------------------|----------------------|
| <i>This Application</i> | <i>National Stage of</i> | <i>PCT/JP04/07958</i> | <i>06/08/04</i> |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|--------------|----------------------|-----------------|--------------------|
| <i>Japan</i> | <i>2003-334178</i> | <i>09/25/03</i> | Yes |
| | | | |
| | | | |

Assignee Information

Assignee name:: *Kabushiki Kaisha Somic
Ishikawa*
Street of mailing address:: *34-6, Honjo 1-chome*
City of mailing address:: *Sumida-ku*
State or Province of mailing address:: *Tokyo*
Country of mailing address:: *Japan*
Postal or Zip Code of mailing address:: *1300004*